Call for Candidates for the 2026 MNORN Elections

Put Your Leadership into Action - Serve in a MNORN Elected Position!

By deciding to run for a MNORN elected position, you make a choice to invest in your future and the future of nursing.

MNORN members have the capacity to influence public policy, professional nursing standards and the advancement of the association. In a leadership position, you will help MNORN and the nursing profession remain strong.

MNORN members will vote for the following positions in this Fall's election:

- President
- Second Vice President
- Secretary
- Director(s) - 2
- Nominating Committee - 3

How to Become a Candidate:

To be eligible as a candidate for any of the elected positions, you must be a MNORN member and complete a Consent to Serve form and return it, with your photo, to MNORN by email - kkoehn@mnorn.org by September 30th, 2026.

The Candidate information for elected positions is available on the MNORN Website and will be available by email upon request.

Voting instructions will be emailed to each MNORN member for online voting and the results of the elections will be announced to members online.

For more information, please contact MNORN ED, Kathi Koehn at kkoehn@mnorn.org or 651-271-5863.

Share this page or this flyer with others who may be interested: mnorn.org/mnorn-elections

September MNORN Member Meeting (virtual)

Thursday September 24, 2026

6:30- 7:00 PM: Social/Networking
7:00 - 8:00 PM: Program

Program: AI PSYCHOSIS: recognizing and managing the new digital delusion

Presenter: Linda Zarrett Linda is a Clinical Nurse Specialist in Child and Adolescent Psychiatry through Allina Health in Faribault. She works in a Partial Hospital Day Program for adolescents

What is AI Psychosis?

- Not an official DSM Diagnosis
- A descriptive term for severe reality distortion
- Triggered by intense interaction with conversational AI
- Distinct from internet or gaming addictions

Please join us to learn more about this emerging phenomenon and explore the nurse's role in assessing, screening and developing interprofessional interventions.

Attendees will receive 1.0 continuing education credit
There is no charge for this meeting

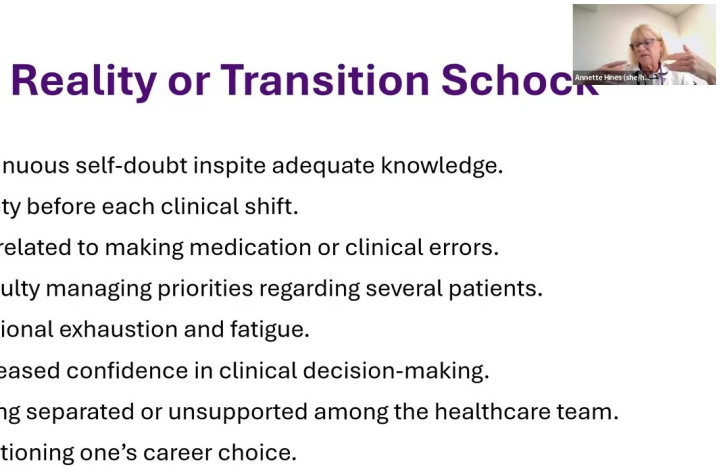
This meeting Is open to all nurses, please feel free to invite others to attend,

Click here to register

Recording of the August MNORN Member Meeting

Program: Supporting New Graduates and Transition to Practice

Presenter: Annette Hines



Objectives:
By the end of this presentation, participants will be able to:
- Describe the respective roles of academic institutions and healthcare organizations in preparing and supporting new graduate nurses.
- Examine evidence-based strategies that improve transition to practice, nurse confidence, competency, and retention.
- Identify collaborative academic-practice partnership models that promote successful transition, professional development, and workforce sustainability.

If you watch the recording and want to receive continuing education credit, please email Kathi Koehn at kkoehn@mnorn.org and she will send you an evaluation to complete.

Evaluations of the meeting:

What factors influenced your decision to attend?
- Monthly attendee
- The presentation topic. Wanted to hear more about supporting nursing students and new grad nurses
- Topic and CE
- I prioritize attending MNORN monthly meetings.
- The topic
- I am no longer providing direct patient care, but this is a crucial topic that all nurses should be engaged around, as it is vital to our communities.

- The topic as well as I was able to attend that evening.
- Topic, contact hours, opportunity to network

Other Comments:

- Could we invite nursing students to attend a meeting to garner interest in the organization? (Answer: yes, please feel free to invite students!!)
- Thanks!
- Excellent presentation and great discussion. Thank you!
- Such an important topic. The speaker was most knowledgable. I could have listened to her for hours. We will miss her.
- This is always an important discussion to have. I am no longer in direct patient care but value hearing the current challenges.
- Thank you for hosting.
- It hit home. Memories of less-than-wonderful experiences many many years ago as a student, as well as with colleagues during a long career. Hopeful for the improvements! Thank you!

Statement from Minnesota Health Leaders on Vaccinations

Minnesota Health Care Providers and Public Health Leaders Prioritize Immunizations for All

August, 2026

Minnesota's health care providers and public health community remain firmly committed to protecting the health of infants, youth, and adults through evidence-based vaccination practices.

We, the undersigned organizations, affirm that routine immunization according to the schedules published by the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG) continues to represent the standard of care in Minnesota.
Vaccination recommendations are most effective when they are grounded in rigorous, transparent review of scientific evidence; informed by disease epidemiology in the United States; and implemented in a way that promotes equitable access, clarity for clinicians, and confidence for all. The AAP, AAFP, and ACOG immunization schedules reflect these principles and are widely relied upon by providers and health systems throughout Minnesota.

Routine vaccination prevents serious illness, hospitalization, and death among the people of Minnesota. Maintaining clear, consistent guidance helps ensure people receive protection at the ages when they are most vulnerable and supports clinicians in providing high-quality preventive care.

Furthermore, the U.S. has one of the most advanced systems in the world for assessing vaccine safety. This includes a coordinated and overlapping approach using state-of-the-art technologies and systems working together. Each of the "gears," or systems, supplies a different type of data to evaluate vaccine safety and effectiveness. Together, they work as a well-oiled machine to help provide comprehensive vaccine safety in the U.S.

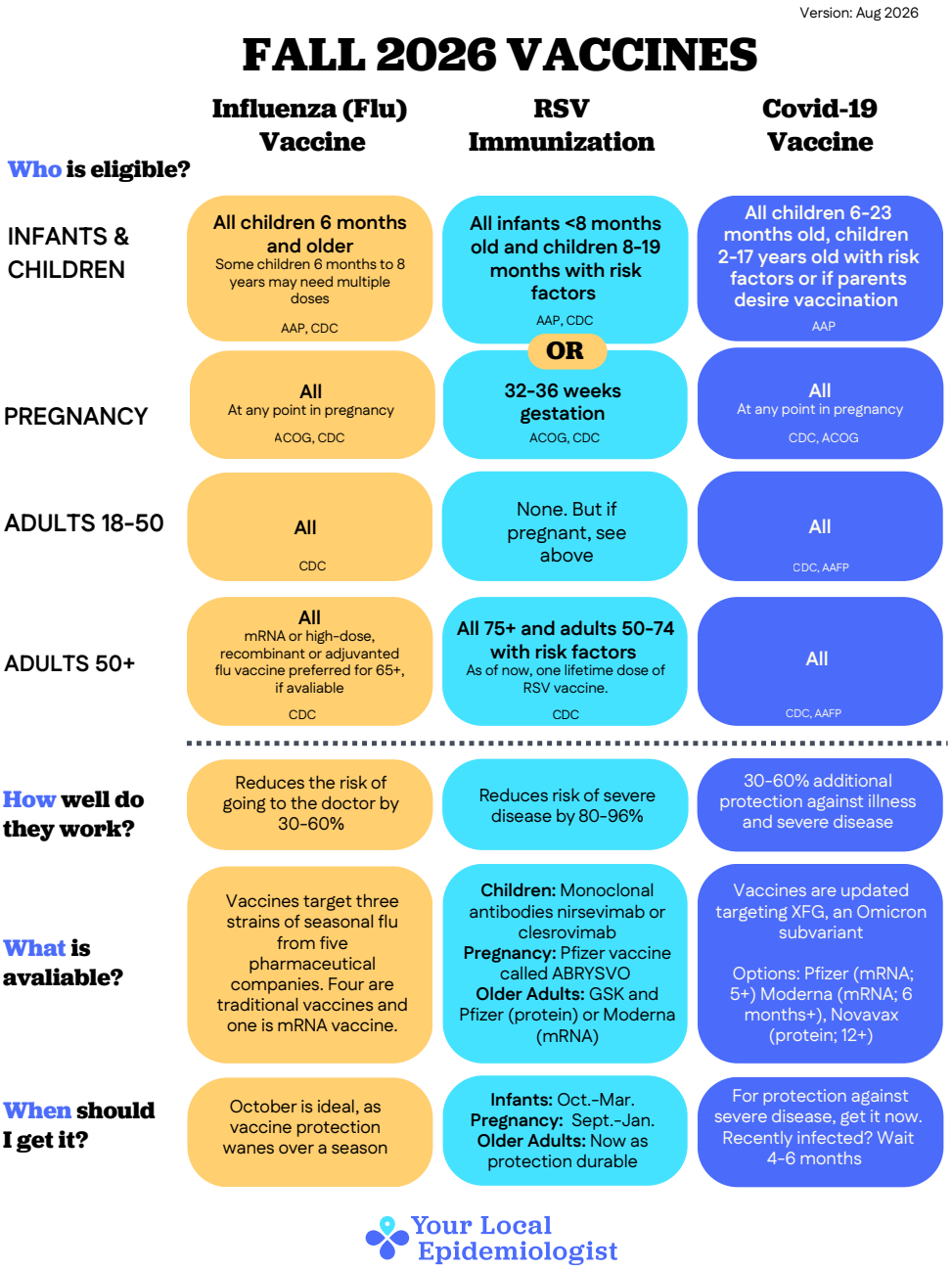
As partners in the mission to reduce disease from vaccine-preventable diseases, we commit to:

- Recommending routine vaccination according to the AAP, AAFP, and ACO schedules;
- Engaging in open, respectful conversations about the benefits and risks of vaccination; and
- Supporting timely vaccination to protect individuals and the broader community.

Protecting the people of Minnesota from preventable diseases is a shared responsibility that depends on trust, clarity, and adherence to sound medical evidence. In Minnesota, health care providers and public health leaders remain aligned in supporting vaccination practices that have proven safe, effective, and essential to health. We will continue to work together to ensure the community and clinicians have clear guidance and confidence in the care provided across our state.

Sincerely,
Children's Health Network
Children's Minnesota
Fairview Health Services
Fond du Lac Reservation Human Services Division
HealthPartners
Hennepin Health
Hmong Public Health Association
Immunize Minnesota
Local Public Health Association of Minnesota
Minnesota Academy of Family Physicians
Minnesota Chapter, American Academy of Pediatrics
Minnesota Chapter, American College of Physicians
Minnesota Chapter, National Association of Pediatric Nurse Practitioners
Minnesota Chapter, Society for Public Health Education
Minnesota Department of Health
Minnesota Environmental Health Association

Minnesota Medical Association
Minnesota Public Health Association
Minnesota Section of the American College of Obstetricians and Gynecologists
Minnesota Society of Health-System Pharmacists
PrimeWest Health
School Nurse Organization of Minnesota
Steele County Public Health
Stratis Health



NSO, in collaboration with underwriting partner CNA, has released the 5th Edition of the Nurse Professional Liability Claim Report.

This report highlights the top professional exposures facing nurses, including professional liability claims and license protection matters, as well as case studies, analysis and insights.

Highlighted Key Findings

	Rising home healthcare claims. Malpractice claims involving home healthcare nurses now average $301,031 – a 39.3% increase since the 2020 dataset, and account for 21.7% of all nurse malpractice claims, the highest share of any nursing specialty.
	Nursing specialties with the most claims. Home healthcare, adult medical and gerontology (limited to practice in an aging services facility) nurses all saw an increase in the number of closed claims and account for 45% of the total closed claim distribution. While only representing 4.5% of closed claims, aesthetics/cosmetics nurses saw their share of claims double since the 2020 dataset.
	Key allegations. A majority of nurse professional liability claims involved treatment/care allegations (56.2%). The second most frequent category of allegations involved patients' rights/abuse/professional conduct claims (18.2%).
	License protection trends. The average payment per license defense matter increased by 18.3%, from $5,330 in the 2020 dataset to $6,304 in the 2025 dataset. Professional conduct complaints had the highest distribution of all license protection closed matters in the 2025 dataset, at 38%.
	LPN/LVN claim differences. While licensed practical nurse/licensed vocational nurse claims represented only 8.6% of claims in the 2025 dataset, their average total incurred ($293,507) was 36.2% higher than RNs.

Risk Control Strategy Spotlights

- Protecting Your License
- Documentation
- Artificial Intelligence
- Technology in Nursing – *Coming soon!*
- Liability for Charge Nurses – *Coming soon!*
- Well-being and Mental Health – *Coming soon!*

Additional Nursing Resources

- Are You Filing Incident Reports Properly?
- The Joint Commission
- AHRQ: Agency for Healthcare Research and Quality
- Institute for Safe Medication Practices (ISMP)
- Institute for Healthcare Improvement (IHI)
- National Quality Forum (NQF)
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline
- National Council of State Boards of Nursing (NCSBN)

Archives

- Nurse Professional Liability Exposure Claim Report: 4th Edition: Minimizing Risk, Achieving Excellence

Nurses Service Organization (NSO) is one of the nation's leading providers of insurance solutions and risk management resources for nursing students, professionals, and businesses. Our work is driven by our decades of experience and steadfast support for the nursing profession and community. In 2026, NSO celebrated 50 years in business since our inception in 1976, marking half a century of dedicated service to nurses everywhere.

At NSO, our mission is to promote advocacy, risk management education, and support for nursing professionals. We are dedicated to helping protect the careers of nursing professionals by offering individual professional liability insurance nationwide. Our coverage prioritizes your needs, rather than those of your employer. Coverage through NSO helps safeguard your career and license, and brings you peace of mind so you can focus on what matters the most – caring for your patients.

Read more about NSO's mission statement and how we firmly stand with nursing professionals.

PAUL KECKLEY

Labor Day Report from Paul Keckley: The Healthcare Workforce is Anxious

Paul Keckley
September 7, 2026

(Note: Paul Keckley writes a weekly blog about his view of the health care environment in the United States. He is not a nurse, so does not write from the perspective of nursing. But, he often has fascinating information to share, which will be of interest to many of us as we search for ways to effectively advocate for nurses and the patients we serve. His blog is free, and you can subscribe at his website. This Labor Day blog is worth reading,)

Labor Day has been celebrated in the U.S. since 1882 to recognize the contributions of workers. Congress passed legislation (28 Stat 96) and President Grover Cleveland signed it into law June 28, 1894 as a national holiday to commemorate the workforce.
In the 132 years since passage, the healthcare workforce has grown as life expectancy increased, clinical capabilities expanded and operating costs grew. Labor costs—including wages, benefits and employee services offered by employers represents almost 60% of total health spending and its increasing at an annual rate above inflation and GDP.

Consider, since 1892…

- Total spending on healthcare expanded from $300 million (1% of GDP for 63 million population) to $6 trillion (18% of total GDP for 349 million population) this year.

- The healthcare workforce has grown from 104,000 physicians (no other employee groups were counted) to at least 25 million today (8 million in hospitals, 9 million in ambulatory settings, 3 million in residential/nursing care facilities, 2 million in home/ personal care PLUS staffing in law firms, consultancies, facility development et al PLUS 3 million unpaid, full-time health workers providing care to family/others.
    - Per AMA, this includes 901,954 direct patient-care physicians, 203,591 current residents (included in direct patient care) and 40,846 physicians in administration/research/teaching (non-patient care).
    - Per ASRN, it includes 5.2 million registered nurses (RNs) and 7.1 million NPs, PAs, LPNs, CNAs, therapists and techs.

But today, the U.S. healthcare workforce is unstable across the board. The facts are these:

- The healthcare workforce is diverse and growing. The industry employs 1 of 7 workers in the U.S. economy today and will account for 24% of all new jobs in the next decade. Per last week's Bureau of Labor Report (below), 4 of the 10 fastest growing occupations are in healthcare led by home health care aides. The disparity between healthcare's

lowest paid (and unpaid) workers and its highest paid executives and specialty physicians is problematic to its performance and increasingly exploited by disruptors.

- Productivity is low and wage disparity is high compared to other industries. According to the Bureau of Economic Analysis, over the last 20 years, the productivity of the U.S. health workforce increased 1% versus 55% gains across all other industries (based on output per unit) led by warehousing, logistics, financial services and others. That's despite massive investments in HCIT and routine downsizing. Per the BEA, healthcare is the only industry that has seen employment growth and productivity decline in the recent past. Per the Bureau of Labor Statistics, the internal pay spread in healthcare is the widest of any major U.S. industry. And, since 2020, income gains of 16% have been wiped out by a 23% increase in costs of living due to inflation. The lowest-paid workers in healthcare are more than a fourth of workers in the most mal-effected in the K-economy.

- The workforce is anxious and frustrated. The tsunami of outside pressures hitting the healthcare is unique compared to other industries because, at its heart, healthcare is about caring for people who need held. The majority of American's believe more care is better care and access to doctors and nurses anytime and anywhere is key. Public expectations about what constitutes appropriate, evidence-based care vary widely and modernization vis a vis technology., AI and specialization is not fully appreciated. Changes in how care is delivered, where and by whom is a source of anxiety (fear) across the spectrum of roles in the healthcare workforce. Consider…

    - The integration of technologies in healthcare proven to increase efficiency and/ or improve outcomes has been slow and its use additive to traditional ways of delivering services.: Most are layered onto pre-existing work-rules, operating policies, restrictive decision-rights and political structures. Physicians control virtually all clinical processes and roles across the eco-system but vary in techno-savvy and data-driven decision-making. Access to technology favors organizations that are credit worthy or willing partners with private investors. And organizations at scale that accept clinical and financial risk for better care at lower costs deploy technology and apply data more strategically than organizations seeking only efficiency gains. Thus, technology and the data it avails users is a strategic advantage enjoyed by some, but not all. And workforce acceptance is a major determinant of its value.

    - Artificial intelligence heightens workforce anxiety about job security. It's the black box future embraced by administrators (the suits) they use to eliminate positions and correct incomplete/inaccurate diagnoses. It's the future and they're the past. Though credible studies have shown diagnostic accuracy

higher for AI-based analysis vs. physician opinion, the AMA is cautioning against its use except for the simplest cases It's protecting its piece of the workforce.

- Funding sources have the upper hand. Power, influence and funding in U.S. healthcare is increasingly controlled by three groups: 1-large corporate insurers who serve government, employers and individual policy holders, 2-state Medicaid and public health administrators and 3- the Centers for Medicare and Medicaid Services whose oversight impacts every job in the industry. Collectively, these share a view that labor intensity in healthcare as a problem and modernization an urgent need. They support four policies intended to lower overall health costs and improve the performance of the system: 1-price transparency, 2-accountable care organizations, 3-competition and 4-enforcement actions against fraud, waste and abuse. These initiatives intensify workforce antipathy toward investors, lenders and insurers and contribute to dysfunction.

- Public trust is slipping. The attractiveness of healthcare work has been its calling to meaningful, worthwhile work serving others. In recent years, it's ethos has been harmed by widespread reporting about employee burnout, layoffs, work stoppages, labor-management disputes, staffing shortages et al which are alleged to impair quality and safety, Employee surveys show the workforce is dispirited, believing business interests are its primary focus and care coordination/delivery secondary. Given the overall size of workforce, and its ubiquitous presence in every community, the public's opinion about healthcare is significantly impacted by the views of its workforce…and their views are negative.

The result of these is workforce shortages and instability: Demand exceeds supply in primary care and mental health, and in rural and underserved areas where healthcare economics are less attractive. The federal government's efforts to address shortages through HRSA (Health Resources and Services Administration) and the efforts by professional societies to upgrade training programs have fallen short. And compensation for lower-paid healthcare workers is too low: 15% live below the poverty level, 41% live below 200% of the FPL and 59% depend on some form of public assistance. Their median hourly wage ($16.77) is simply not enough to take care of themselves and their families and appear incongruous to capital spending and executive pay they see every day.

Industry leaders acknowledge its workforce challenge but consensus about a solution is stymied by factors that make changes at best incremental:

- Structural Impediments: Each sector in healthcare deems its workforce needs unique and independent of others. The skilled "professions" of healthcare including physicians,

advanced practice professionals (APPs), nurses, technicians and others are self-governed by societies that define their competencies, control access and negotiate compensation for their members. A collective, unified and consistent voice of the healthcare workforce is missing.

- Regulatory impediments: The supply-demand calculus that's the basis for the healthcare workforce needs is outdated. Improved ways to diagnose and treat health problems, incentives that reward results, roles played by non-licensed or non-traditional providers, technologies that facilitate care anywhere and guided self-care management are not fully incorporated. Healthcare workforce modernization legislation in states and at the federal level are handicapped by the industry's protections of its guilds.

- Advocacy: Workers in primary, preventive, mental health and community health and operators in post-acute, nursing home, home care and public health clinic settings do not enjoy the political influence of specialty providers and operators. Elected officials are influenced by workgroups that buy their favor.

Though workforce modernization is recognized as a critical imperative (Title V, The Patient Protection and Affordable Care Act 2010), little progress is evident. Looking ahead, attention to workforce issues will spike in the next 6 months as mid-term elections November 3 and Campaign 2028 speculation heightens voter sentiment about the health system. Healthcare affordability will be THE issue. In addition, voter attention will be directed to (1) vaccine and public health preparedness, (2) price transparency and price controls for prescription drugs, hospital services and insurance premiums, (3) accessibility of primary care services in rural populations and in low-income populations, (4) the implementation of work requirements and Medicaid cuts in the Big Beautiful Bill, (5) the influence of private equity ownership and consolidation on prices, staffing and competition, (6) prospects for Medicare for All as a transformational solution to affordability, access and cost concerns and (7) the prevalence and mitigation of fraud, waste and abuse throughout the system. The healthcare workforce shares its discontent about the health system with the majority of voters who think transformation is needed. But it sees funding cuts that threaten job security for the frontline workforce at odds with systemic reform.

Final thoughts:
The toughest job in healthcare might be the Chief Human Resource Officer in hospitals, groups, clinics, nursing homes and public health programs. In my work with organizations, CHRO input is sought in strategic planning and always in annual budgeting, but in-depth understanding of human capital trends and issues by senior leaders and Board members is inadequate.

And the bigger issue is this: how should the industry—payers, providers, suppliers and influencers—restore public faith in the system and, in so-doing, invigorate pride in the meaningful, worthwhile work its workforce strives to deliver.

The healthcare workforce is anxious. Understandably, regretfully, and perhaps necessarily.

Resources used in today's report: US Bureau of Labor Statistics, Health Resources and Services Administration, Sullivan Cotter, US Department of Commerce, US Bureau of Economic Analysis, US Department of Health and Human Services, American Medical Association, Center for Healthcare Workforce Studies, American Hospital Association, SHRM.

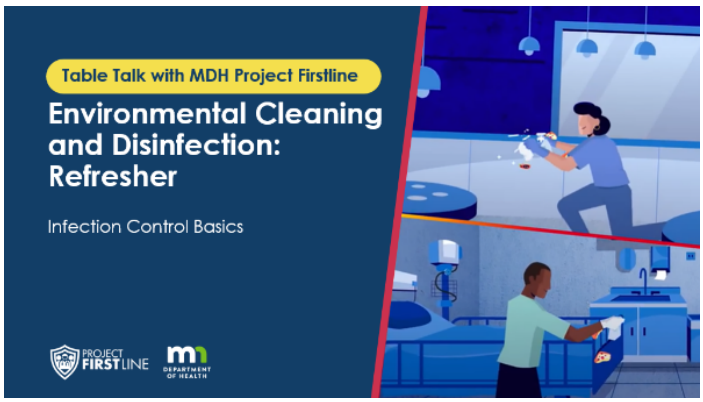
Paul H. Keckley is managing editor of The Keckley Report, a healthcare policy analyst and widely known industry expert. He is a frequent speaker and advisor to healthcare organizations focused on long-term growth, sustainability and advocacy strategies.

In addition to weekly Keckley Report, he has published three books and 250 articles. During the period preceding the passage of the Affordable Care Act, he facilitated sessions between the White House Office of Health Reform and major health industry trade groups as private sector input was sought in the legislation.

He is an advisor to Erdman, Sullivan Cotter, Lumeris, Western Governors University and the Lipscomb University College of Pharmacy. He is a member of the Health Executive Network and Healthcare Financial Management Association.

Retrieved 9/9/2026 https://paulkeckley.com/the-keckley-report/2026/9/7/the-healthcare-workforce-is-anxious/

MDH Project Firstline (PFL):
Refresh Your Skills on Environmental Cleaning and Disinfection



Join **MDH Project Firstline** for a **20-minute Environmental Cleaning and Disinfection Refresher** and reinforce the infection prevention and control practices that help keep patients, residents, clients, and healthcare teams safe.

🗓️ **Register for the session that works best for you:**

- Monday, September 21 | 10 – 10:30 a.m. CT
  Environmental Cleaning and Disinfection Refresher (9/21)
- Monday, September 28 | 2 – 2:30 p.m. CT
  Environmental Cleaning and Disinfection Refresher (9/28)

✔ Quick 20-minute refresher

✔ Live Q&A

Germs are everywhere in the healthcare environment. Regular cleaning and disinfection of high-touch surfaces and high-traffic areas are essential to stopping the spread of germs.
If you cannot attend, please register to view the recorded training:
Environmental Cleaning and Disinfection Refresher

Coming Soon! Mark your calendars! Live Project Firstline trainings are on the way:

- Cracking the Code on CPOs
- Hand Hygiene Refresher

Watch for registration details in upcoming communications.
Thank you for partnering with us to strengthen infection prevention and control knowledge and practices across Minnesota. We hope these resources make training easier, more engaging, and more accessible for your teams!

Website: MDH Project Firstline (health.mn.gov/projectfirstline)
PFL mailing list: Subscribe to MDH Project Firstline Updates
Email: Project.Firstline.MDH@state.mn.us
Social Media: Facebook | X